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Applicant/Patentee: **Hermann Bujard, Ralf Tolle, Weiqing Pan** Docket No.: **402162000200**  
 Serial No./Patent No.: **Not Yet Assigned (National Phase Filing of PCT/EP97/05441)**  
 Filed on/Issued: **April 1, 1999**  
 For: **RECOMBINANT PROCESS FOR PREPARING A COMPLETE  
 MALARIA ANTIGEN, gp190/MSP1**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
 37 C.F.R. §§ 1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR**

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 C.F.R. § 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

☒ **the National Phase Filing of PCT/EP97/05441.**

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ **no such person, concern, or organization.**

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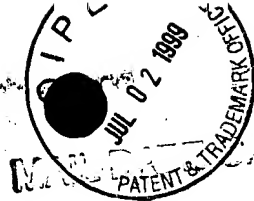
NAME	ADDRESS	TYPE
		<input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization

**NOTE:** Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Inventor	Signature of Inventor	Date
<b>Hermann BUJARD</b>	<i>H. Bujard</i>	<b>May 12, 1999</b>



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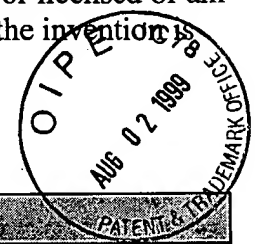
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Hermann Bujard	Remlerstrasse 9 D-69120 Heidelberg Germany	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization

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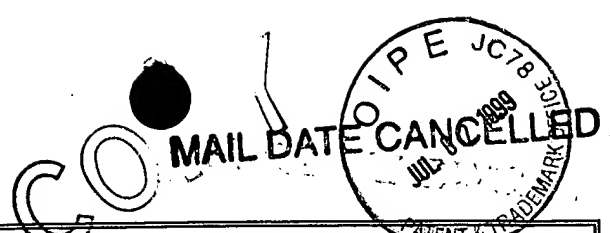
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Name of Inventor	Signature of Inventor	Date
Ralf TOLLE		20.5.99

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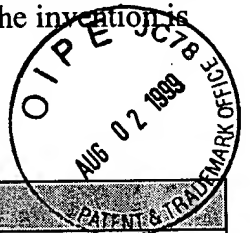
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Name of Inventor	Signature of Inventor	Date
Weiqing PAN	W. Pan	05.06.1999

MAIL DATE CANCELLED  
O I P E J C 7 8  
AUG 02 1999  
PATENT & TRADEMARK OFFICE

Patent  
Docket No. 402162000200

**DECLARATION FOR PATENT APPLICATION**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
402162000200

As below named inventors we hereby declare that:

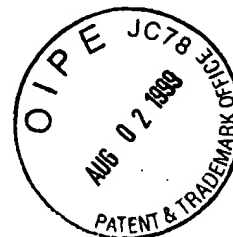
Our residence, post office address and citizenship are as stated below next to our names,

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RECOMBINANT PROCESS FOR PREPARING A COMPLETE MALARIA ANTIGEN, GP190/MSP1

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
- Serial No.  
on,  
and was amended on (if applicable).
- ☒ was filed as PCT international application
- Number PCT/EP97/05441  
on October 2, 1997.



We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations § 1.56(a) and (b).

We hereby claim foreign priority benefits under Title 35 United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:**

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
Germany	196 40 817.2	02.10.1996	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTORNEY'S DOCKET NUMBER  
402162000200

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:

	STATUS (Check one)
	<input type="checkbox"/> FIRST INVENTION
	<input type="checkbox"/> CONTINUATION
	<input type="checkbox"/> CONTINUATION-IN-PART
	<input type="checkbox"/> DIVISIONAL
	<input type="checkbox"/> OTHER

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Direct telephone calls to:  
Catherine M. Polizzi at  
(650) 813-5651

POST OFFICE ADDRESS	Heidelberg
POST OFFICE ADDRESS in Buschgewann 71	
We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.	
SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR 203

SIGNATURE OF INVENTOR 201 h. B. y	SIGNATURE OF INVENTOR 202 x R. S. Teller	SIGNATURE OF INVENTOR 203 x W. P. H.
DATE x 31.5.99	DATE x 27.5.99	DATE x 05.06.99